

INFANT/TODDLER PRIMARY CAREGIVERS DOCUMENTATION

State of Michigan

Department of Human Services
Bureau of Children and Adult Licensing

Facility Name: _____

License Number: _____

Signature: _____

Title: _____

Date: _____

(Licensee or Authorized Designee)

Name of Infant, young toddler, or older toddler	Name of Primary Caregiver(s)	# of hours per day	# of hours per week	# of Primary caregivers per week	Parent Notification Date
1.	1.				
	2.				
	3.				
	4.				
2.	1.				
	2.				
	3.				
	4.				
3.	1.				
	2.				
	3.				
	4.				
4.	1.				
	2.				
	3.				
	4.				

Authority: 1973 PA 116

Completion: Voluntary

Consequence: Failure to provide requested information may result in rule violation

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

You may copy this form if you need additional sheets.